

Class Level: 6	Topic: Healthcare	Class Length: 3 hrs.	Date:
Lesson Objectives: <ul style="list-style-type: none"> • Compare healthcare services between U.S. and native countries • Complete medical forms • Scan for specific information in a text • Learn about The Patient's Bill of Rights 			
Language Skill Proficiency: <ul style="list-style-type: none"> ▪ Speaking ▪ Listening ▪ Reading ▪ Writing 		Materials and Equipment: <ul style="list-style-type: none"> ▪ <i>Healthcare Discussion Questions</i> ▪ <i>Filling Out Medical Forms</i> ▪ <i>The Patient's Bill of Rights Activity</i> 	
<h2>Activity Plan</h2> <p>Warm Up: Provide pairs of Ss with a set of <i>Healthcare Discussion Questions</i> (Student 1, Set A; Student 2; Set B). Have Ss discuss the topic of healthcare using the questions to facilitate conversations. Ask Ss to share reflections from their conversations with class. NOTE: Students can pick and choose questions based on their interest.</p> <p>Introduction: Tell Ss that today's lesson will focus on healthcare. Ask Ss how many have had experience with the American healthcare system and what their experience was like. Ask Ss to compare healthcare systems in the U.S. and in their home country.</p> <p>Presentation: Acknowledge with Ss that regardless of differences in healthcare between countries, medical forms related to services are a common occurrence. Ask Ss what type of information is generally collected on medical forms. Make a list on the board. Go over any unknown terms.</p> <p>Practice: Have Ss get into small groups. Provide each group with <i>Filling Out Medical Forms</i>. Have the groups use the case information provided on Elizabeth Jones to complete the medical forms. Go over as a class. Have Ss brainstorm again (without referring to the worksheets) what information can be found on medical forms and add the ideas to the original class list.</p> <p>Practice: Explain to Ss that confidentiality of medical records is a right in the U.S. Share that there are other rights that were established through the American Hospital Association (1973) to help protect consumers receiving medical services. They are known as The Patient's Bill of Rights. Provide each S with a different slip of paper detailing one of the rights (See <i>The Patient's Bill of Rights Activity</i>). Have Ss review their right to make sure they understand what it is saying. Give Ss <i>The Patient's Bill of Rights Student Worksheet</i>. Have Ss record information about the right they have on the worksheet. Have Ss circulate around the room and collect information about the remaining 12 rights from the other Ss. Ss will either read or paraphrase the information provided about their right to other Ss. The other S will record notes about the right on the worksheet (and then vice versa). After Ss have had time to collect the information, go over The Patient's Bill of Rights as a class.</p> <p>Evaluation: Ask Ss to list The Patient's Bill of Rights.</p> <p>Extension Activities:</p> <ul style="list-style-type: none"> • Introduce additions to The Patient's Bill of Rights through the Affordable Care Act (2010). • Have Ss create dialogues applying the Patient's Bill or Rights to an actual encounter with a medical professional either during personal care or that of a close family member. 			

HEALTH CARE DISCUSSION

STUDENT A's QUESTIONS (Do not show these to student B)

- 1) How is the health care in your country?
- 2) Is the health care in your country getting better or worse?
- 3) Is health care in your country free for some people?
- 4) Which country do you think has the best health care?
- 5) Which is better, private or public health care?
- 6) Are health care workers well paid in your country?
- 7) Do you ever think about health care for when you are old?
- 8) What is health care like for old and poor people in your country?
- 9) What happens to people in poor countries who cannot afford health care?
- 10) Is your country's health care system in need of reform?

Source: www.eslDiscussions.com

HEALTH CARE DISCUSSION

STUDENT B's QUESTIONS (Do not show these to student A)

- 1) Is health care in your country fair to everyone?
- 2) What are the most important health care issues in your country?
- 3) What are the most important health care issues in the world?
- 4) What do you think the health care issues of the future will be?
- 5) What do you know about the history of health care in your country?
- 6) What are the health care problems in your country?
- 7) What do you know about the cost of health care in your country?
- 8) Do you think universal health care will ever come to the world?
- 9) How big an issue is health care in your national elections?
- 10) What questions would you like to ask health care workers?

Source: www.eslDiscussions.com

HEALTH UNIT: SECTION 10 EXTENDED WRITING
Filling Out Medical Forms WORKSHEET

Directions: Provide students with a copy of this case history information. Read it aloud to them. As a class exercise, use this information to fill in Beth Jones' personal, medical and dental information forms. Use this information and the Jones' Family Tree to fill out the Jones' family history chart.

Case History for Patient Health and Dental Forms

Elizabeth Jones
1955 W. Austin Ave.
Harris, IL 60799
Home Phone: (709) 356-0987
Social Security Number: 354-98-0021

Beth was born on February 27, 1975. She is 5'6" tall, has brown hair and brown eyes, and weighs 130 pounds. She is nearsighted and wears contact lenses or glasses. She is married but doesn't have any children. Beth's husband, Joseph S. Jones, is 32. His social security number is 792-85-2134. Beth enjoys playing volleyball and lifting weights two or three times a week. She smokes a pack a day. She drinks alcohol occasionally and considers herself a social drinker. Beth is a delivery truck driver for UPS. She works out of a UPS center at 39 S. Oak, Springfield, IL 63987. She works full-time and she has health and dental insurance from her company. Her insurance information is below:

Health Insurance
Blue Cross and Blue Shield of Illinois PPO
Group Name: UPS
Group Number: 2343567
ID number is same as social security number
Dental Group Number: 2343567D
ID number is same as social security number

Beth's parents live near her. She usually uses her father as an emergency contact. Her father's name is Steven Jones, and his cell phone number is (983) 234-5677. In general, Beth's health is pretty good, except that her cholesterol was high two years ago and now she watches her diet carefully. Her last checkup was in April 2006. At that time, she also had a pap smear. She has only stayed in the hospital once, in 1988 when she had her appendix removed. She doesn't take any medications except birth control pills—just cold medicine or aspirin once in a while. She's never had an allergic reaction to a medication, but she is allergic to strawberries. She started menstruating at age 12. She doesn't have any other serious health problems right now.

Beth doesn't like going to the dentist. In fact, her last dental visit was four years ago. She brushes twice a day. Her teeth are sensitive to cold drinks, and sometimes her gums bleed when she brushes her teeth. She only flosses if she gets food caught between her teeth. Beth wore braces on her teeth in high school. Beth's dad has high cholesterol, and so does Beth's brother. Since some health problems can run in families, Beth knows that it's important to give her doctor as much information as she can about health problems that her family members have. Beth's mother and sister both have anemia, and so did her grandmother when she was alive. Her grandmother also had colon cancer. There's arthritis on both sides of Beth's family—her mom has arthritis, and so does her dad's father. The same grandfather also has osteoporosis.

Patient Information Form

- 1. Last name: _____ First name: _____ Middle initial: _____
- 2. Street address: _____ City: _____ State: _____
Zip code: _____
- 3. Date of birth: _____
- 4. Social Security Number: _____
- 5. Marital status -- put a check mark (√) on the correct blank:
Single ___ Married ___ Divorced ___ Widowed ___
- 6. Occupation/job: _____
- 7. Employer's name: _____
- 8. Employer's street address: _____
City: _____ State: _____ Zip code: _____
- 9. Last name of spouse _____ First name: _____ Middle initial: _____
- 10. Spouse's Social Security Number: _____
- 11. Insurance provider name: _____
- 12. Name of holder of this insurance plan: _____
- 13. Relationship to patient: _____
- 14. Insurance Group # _____ ID #: _____
- 15. Emergency phone number: _____
- 16. Name of emergency contact: _____
- 17. Relationship to patient: _____

Patient Medical History Form

- 1. Date of last medical exam (month, year) _____
- 2. Have you ever been hospitalized for surgery or serious illness? Yes ___ No ___

Date	Reason	Hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 3. Are you taking any medications (prescriptions or over-the-counter) regularly?
Yes ___ No ___ If yes, what medications are you taking?

- 4. Do you wear glasses or contact lenses? Yes ___ No ___
- 5. Are you allergic to any medication or have you had any reactions?
Yes ___ No ___ If yes, fill out the chart below.

Name of Medication Reaction When

- 6. Are you allergic to anything else (food, pollen, dust, etc.)? Yes ___ No ___

7. Do you have or have you had any of the following:

- a. arthritis Yes ___ No ___
- b. diabetes Yes ___ No ___
- c. hypertension/high blood pressure Yes ___ No ___
- d. high cholesterol Yes ___ No ___
- e. mental illness Yes ___ No ___
- f. kidney disease Yes ___ No ___
- g. osteoporosis Yes ___ No ___
- h. sexual/physical abuse Yes ___ No ___
- i. thyroid disease Yes ___ No ___
- j. HIV/AIDS Yes ___ No ___
- k. heart disease/heart attack Yes ___ No ___

- l. substance abuse Yes _____ No _____
- m. alcoholism Yes _____ No _____
- n. asthma Yes _____ No _____
- o. seizures Yes _____ No _____
- p. stroke Yes _____ No _____
- q. anemia/blood diseases Yes _____ No _____
- r. liver diseases Yes _____ No _____
- s. immune problems Yes _____ No _____
- t. cancer Yes _____ No _____
- u. frequently tired Yes _____ No _____
- v. recent weight loss Yes _____ No _____
- w. other: _____

8. For Women Only

- # Pregnancies _____ # live births _____
- Date of last Pap smear _____ Date of last mammogram _____
- Age periods began _____ First day of last period _____
- Do you use birth control? Yes _____ No _____
- If yes, what kind? _____

Patient Dental Form

- 1. Do your gums bleed while brushing or flossing? Yes ___ No ___
- 2. Are your teeth sensitive to hot or cold liquids/foods? Yes ___ No ___
- 3. Are your teeth sensitive to sweet or sour liquids/foods? Yes ___ No ___
- 4. Do you feel pain in any of your teeth? Yes ___ No ___
- 5. Do you have any sores or lumps in or near your mouth? Yes ___ No ___
- 6. Have you had any head, neck or jaw injuries? Yes ___ No ___
- 7. Have you ever experienced any of the following problems in your jaw:
 - a. Clicking? Yes ___ No ___
 - b. Pain (joint, ear, side of face)? Yes ___ No ___
 - c. Difficulty in opening or closing? Yes ___ No ___
 - d. Difficulty in chewing? Yes ___ No ___
- 8. Do you have headaches often? Yes ___ No ___
- 9. Do you clench or grind your teeth? Yes ___ No ___
- 10. Do you bite your lips or cheeks often? Yes ___ No ___
- 11. Have you ever had any difficult extractions in the past? Yes ___ No ___
- 12. Have you had any orthodontic treatment? Yes ___ No ___
- 13. Have you ever had prolonged bleeding following extractions? Yes ___ No ___
- 14. Have you ever had instruction on the correct method of brushing your teeth? Yes ___ No ___
- 15. Have you ever had instructions on the care of your gums? Yes ___ No ___

The Patient's Bill of Rights Activity

Instructor: Cut out each right into a separate strip of paper. Provide each student with one right (strip of paper). In larger classes a couple of students may have the same right. Have students circulate and collect information from classmates as they share their rights with one another. Students should be encouraged to read the rights to one another and take notes as they are listening.

- You have the right to receive respectful care.
- You have the right to relevant, current and understandable information concerning your diagnosis, treatment and prognosis. Except in emergencies, when you are unable to make decisions and the need for treatment is urgent, you are entitled to request information related to the specific procedures and/or treatments recommended, the risks involved, the possible length of recuperation, and the medically reasonable alternatives.
- You have the right to know the identity of physicians, nurses and others involved in your care and to know when those involved are students, residents or other trainees. You also have the right to know the immediate and long-term financial implications of treatment choices.
- You have the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment to the extent permitted by law and hospital policy. In the case of such refusal, you are still entitled to be informed of the medical consequences and to other appropriate care and services that the hospital provides, or to transfer to another hospital. That hospital, in turn, should notify you of any policy that might affect your choice.
- You have the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision-maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. The institution should advise patients of their rights under state law and hospital policy, ask if the patient has an advance directive and, if so, include it in the patient's records and make clear any policy that may limit such an advance directive.
- You have the right to every consideration of privacy. Case discussion, consultation, examination and treatment should be conducted so as to protect each patient's privacy.
- You have the right to expect that all communications and records pertaining to your care will be kept confidential (except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law), and that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.
- You have the right to review the records pertaining to your medical care and to have the information explained or interpreted as necessary, except when restricted by law.
- You have the right to expect that, within its capacity, the hospital will make reasonable response to your request for medical care. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when you have so requested, you may be transferred to another facility. The institution to which you are to be transferred must first have accepted you for transfer. You must also have the benefit of a complete explanation of the need for, risks, benefits, and alternatives to such a transfer.
- You have the right to ask to be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence your treatment and care.
- You have the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. If you decline to participate in research or experimentation, you are entitled to the most effective care that the hospital can otherwise provide.
- You have the right to expect reasonable continuity of care when appropriate and to be informed by health care providers of available and realistic patient care options when hospital care is no longer appropriate.
- You have the right to know of hospital policies and practices that relate to patient care, treatment and responsibilities and to be informed of available resources for resolving disputes, grievances and conflicts available in the institution. You also have the right to be informed of the hospital's charges for services and available payment methods

The Patient's Bill of Rights Activity

Student Worksheet

Introduction:

In 1973, the American Hospital Association first issued The Patient's Bill of Rights to inform patients of what they could reasonably expect while receiving medical care. Other bill of rights and declarations related to healthcare have been added over the years. Most recently, the Affordable Care Act (2010) made additions to the bill of rights focusing mainly on medical insurance and other specific situations (Ex. Preventative health screenings do not occur a co-pay or extra fees) . Despite such additions, the original bill of rights largely still applies. Knowing your rights is important to ensure you receive proper care.

Directions: Circulate the room. Ask students to share their information with you on The Patient's Bill of Rights. Most students will have a different "right" to share. You need to record information on 13 different rights.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____